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APPLICANTS

Tetsuya Ori, Koshigaya City, JAPAN;

Ryoko Yamagami, Saitama City, JAPAN;

** CONTINUING DATA *****

D/S

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <input checked="" type="checkbox"/> Allowance				
Examiner's Signature <i>[Signature]</i>	Initials			

ADDRESS

Arnold International
 P.O. Box 129
 Great Falls, VA
 22066

TITLE

Three-group zoom lens including at least one aspheric lens surface

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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